

**Commission to Study Mental and Behavioral Health
Minutes from November 15, 2022**

1. Introduction

- a. Lt. Governor: Thank you everyone for being here. This is the final official meeting of the Commission to Study Mental and Behavioral Health in Maryland under the Hogan administration. We have passed on our recommendation to the next administration to continue these meetings and help improve our delivery system for those who are suffering from mental health issues as well as substance use disorder. With that being said, I would like to thank each and every one of you for dedicating your time to help this Commission succeed. Moving on to the formal agenda, I'll ask commission members to introduce themselves and we'll start with those who are coming in virtually.

2. Attendance and Minutes Approval

- b. Present: Deputy Secretary Christian Miele, Secretary Dennis Schrader, Tiffany Rexrode, Senator Adelaide Eckardt, Laura Goodman, Director Richard Abbott, Lt. Col. Roland Butler, Deputy Director Lynda Bonieskie, Executive Director Robin Rickard, Asst. State Superintendent Mary Gable, Barbara Allen, Patricia Miedusiewski, Dr. Bhaskara Rao Tripuraneni, Cari Cho, Kimberlee Watts, Mary Qwey, Dr. Lisa Burgess, Asst. Medicaid Director Tricia Roddy, Delegate Karen Lewis Young
- c. Absent: Serina Eckwood, Delegate Ariana Kelly, Senator Katie Fry Hester, Director Kirsten Robb-McGrath
- d. Lt. Governor: Minutes from the September meeting will be sent out at a later date.

3. Subcommittee Reports

- a. Youth and Family Services
 - i. Christian Miele: Good afternoon, everyone. The Youth and Family subcommittee did meet last month. At that meeting, we highlighted both the State and National work that's ongoing in this area. The Maryland State Department of Education presented a deep dive at our last meeting, specifically highlighting the school-based behavioral health initiatives that are ongoing. A recording can be found on MSDE's YouTube channel if anyone's interested in seeing that. To highlight one of the many programs the Maryland Consortium on Coordinated Community supports, there is an initiative that will work to provide grants and technical assistance to schools that provide wraparound services for their students and staff. The Consortium right now is seeking public comment to guide its first year of work and also to help develop recommendations for the first round of Grants. Public comment is requested to help define the kinds of activities

that should be funded by the grants as well as ways to measure programmatic success. They are asking that all comments be submitted no later than tomorrow, November 16th and a link to the form can be found on the consortium's website. Nationally, our subcommittee highlighted the HHS roadmap to integration and specifically the Administration for Community Living (ACL) announcement of the new funding opportunity to establish a national resource and technical assistance center for people with co-occurring intellectual and developmental disabilities, as well as mental health disabilities. The center's goal is to support those with IDD and mental health disabilities and also deal with policy development. They'll do service design as well as coordination and assist individuals' family members and professionals, both training peer-to-peer learning and other resources. Our subcommittee is hopeful that this Resource Center will help Maryland better establish capacity to serve this population. Finally, we spent a majority of our meeting discussing the 2022 recommendations that we elevated to the full commission. Some of these recommendations include the Maryland Department of Health expanding the Intensive home and community-based service array and access to the existing service array for youth. The second recommendation was that MDH and BHA would identify funding that could be used immediately to provide services to adolescents with substance abuse disorders, assessed as needing either 3.5 or 3.7 levels of care. Number three on our list, the Maryland Department of Health should develop and implement a public awareness and training campaign to increase awareness and encourage the use of Behavioral Health Advanced directives. Finally, the Department of Health should annually release the public Behavioral Health utilization data for Youth and Adolescent services. These are all important steps in helping people in the State of Maryland who suffer from developmental disabilities. If anyone needs more information about the criteria feel free to let me know. Other than that, on behalf of my co-chair Tiffany Rexrode, Kirsten Robb-McGrath and our staff support from MDOD, we just wanted to say what an honor it was to be a part of this wonderful commission. We want to thank you, Lieutenant Governor, for your leadership and your stewardship and guidance throughout the years, as well as all the people throughout the state who are a part of this. It was a pleasure working with everybody both on our subcommittee and on the full commission, so thanks for the opportunity.

b. Finance and Funding:

- ii. Tricia Roddy: Good afternoon, Lieutenant Governor, and other commission members. The subcommittee did meet on November 7th, it was a very short meeting. We talked about a couple of things. We did give

an update on system integration. The talks for system integration have been focusing on the behavioral health administrative service organization, RFP. We gave just a quick update, that it is our plan to have that released and posted by the end of the calendar year. Secondly, we talked about the new services that the Medicaid Program has been working on for the past year. It is our priority to make sure that they get implemented in the near term. I'm really proud of the BHA team, as well as the Medicaid team, for pulling these work groups together to develop the regulations and provider qualifications. With that, I'll turn it over to Mary. Thank you again.

- iii. Mary Qwey: As we have previously discussed, the insurance articles require carriers to file reports on their analysis of compliance with treatment limitations for NQTLS. These are things like network adequacy, provider reimbursement, and prior authorization that may limit access to mental health treatment. The review of the reports has been detailed and complex. The MIA has sent the first letter to a carrier, detailing the need for additional information, and is close to finalizing a letter to a second carrier. We have hired another contractual employee to review the filings which should help with the process. These are very lengthy letters that go into a great field of detail. The other topic of interest to this commission is the status of our regulations for network adequacy. We have been reviewing all comments and hope to have the proposed revision submitted for publication soon. The big area of concern for this is telehealth and how to allow credit for telehealth. We continue to review the network access plans that carriers have filed for the prior year. You may recall that the MIA entered into consent orders with some carriers who failed to meet standards in their 2019 network access filings, the consent orders had penalties that were suspended to create incentives for future compliance. MIA is now reviewing whether the carriers have complied or have not complied so that we can begin imposing those penalties. This is an important step and amplifies why we have these insurance articles in the first place. It is a good, real-world example of our processes at work. Thank you very much.

c. Public Safety and Justice System

- i. Lynda Bonieskie: We did not have a subcommittee meeting yet, however Senator Hester and I followed up with the Behavioral Health and Public Safety Center of Excellence. Since our last commission meeting, they have provided a trainer for the sequential intercept model to help broaden through the counties. That was based off the original SAMSA grant that our subcommittee got in the past. Jim Rhoden, the Assistant Director of the Center of Excellence, coordinated a two-day Summit and I attended

yesterday and today. It was excellent, they had no funds at all but somehow that team is working really well. I think one of the goals from our subcommittee should be helping them try to get funding to maintain this. They've partnered with the University of Maryland to develop the strategic plan for the whole state, and they were there to present their beginning findings. It was an excellent summit. I was really impressed, it's got a good team for that, so I think that was a great accomplishment, getting that implemented. Regarding the Therapeutic Treatment Center in Baltimore, I agree with the idea that rather than replacing the Baltimore city jail with another jail, it should be more of a treatment facility. I understand that this is a very popular idea within the Maryland State government, I think it's going to hopefully be a model for the rest of the country. As we often say, I think the average stay at the facility is somewhere between four and six months. It can be longer if they have a misdemeanor up to 18 months, but on average it's turning over in that period of time. If many of those folks are right back on the street and at least get some treatment and hopefully a warm hand off afterwards it may help some folks versus just kind of releasing and walking out on the street. I'm very excited about it, it's an excellent achievement.

d. Crisis System and Advisory Works

- ii. Dr. Lisa Burgess
Maryland Department of Health Crisis Service Updates
 - i. *See attached slides*

4. Special Presentations

- e. Laura Goodman
Maternal Opioid Misuse (MOM) Program Updates
 - ii. *See attached slides*
- f. Bryan Mroz
State Hospital System
 - iii. *See attached slides*
- g. Marshall Henson
Complex Behavioral Health Needs
 - iv. *See attached slides*

5. Public Testimony

- i. Lt. Governor: Thank you very much for those detailed presentations. They will be a good resource for us all to reference in the future. At this point we will turn to public testimony. Up first, we have Sabrina Lassegue.
- ii. Sabrina Lassegue: I am here to speak about the strain of silent suffering, the importance of resources for survivors of sexual assault, and survivor mental health. I was 15 years old when I was raped and left for dead by three boys in my neighborhood in Montgomery County here in Maryland. I was covered in bruises and burns to places that were not designed for such disruption. I felt extremely ashamed and mortified speaking up about my experience. After the destruction of my rape kit, which is not something that should have been a curated so easily, I felt like the little girl who cried wolf, that no one would believe me. Thankfully in the past six years we've overturned such a reality because of the survivor's Bill of Rights, a bill that Congress unanimously voted on. I am not humiliated to share what I went through. My traumatic experience may make many uncomfortable but in order to move forward, we need to learn. Today, I stand before you to speak on behalf of survivors everywhere. I am requesting the Mental Health Commission's support in what I am calling the Survivor Screening Act, an act that allows for individuals who have been assaulted the opportunity to enter a courtroom remotely and testify. Earlier this year, Maryland passed legislation that protects children abuse, when it comes to allowing them to testify. I'm asking that we extend this and allow it to all survivors of all ages, anyone who would experience PTSD or emotional distress to provide testimony, as well as witnesses of violent crimes. No Survivor should be forced to face their attacker as they relive their agony, it is horrifying enough to have to recall each minute detail and be judged in a roomful of people. Nationally, suicide is the second leading cause of death for 15- to 24-year-olds. 33 percent of women who are raped and contemplating suicide commit suicide. You're allowing survivors to feel a sense of security and the opportunity to be surrounded by their loved ones. I am proposing that survivors be allowed access to laptops as well as the proper software in order to testify via closed circuits. Today, I'm taking the first steps in moving forward and asking that as technology evolves so does our system. In the peak of the pandemic, various States and Canada implemented the use of this, they were successful in doing so and I know it is something that can continue to be applied locally for survivors in Maryland. I would like to start a pilot program specifically in Montgomery County. I have spoken to Senator Lee, and I am positive that Montgomery County is perfect for us to start private programming. Montgomery County has some resources to start up a program like this and encourage our neighboring counties to do the same. I'm asking you to please look into this plan and the well conducted research surrounding it. Thank you.

- iii. Lt. Governor: You mentioned that you've talked to Senator Lee about this. That is definitely an important and significant step in the process. Do you know if she is planning to introduce the legislation that you have referenced on the matter?
- iv. Sabrina Lassegue: Yes, I believe so.
- v. Lt. Governor: So, you're asking us to support the legislature, or at least what we would do is write in our report that we support that legislation. I guess we can get that legislation from Senator Lee so that we can take a look at it. We would need information on that before being able to consider it but I for one appreciate you coming in and sharing this with us. All your efforts and what you're doing as far as bringing awareness to these issues is great, thank you for sharing and standing up and speaking for those who can't. Please give that some exact speech in front of the legislature during session as well, very well done. Thank you. Okay, is there anyone else signed up for public testimony? Anyone joining us virtually? It seems there is not.

6. Conclusion

- i. Lt. Governor: Any other comments before we wrap up? Alright, well that concludes the final meeting of the Commission to Study Mental and Behavioral Health under the Hogan administration. I would like to thank each and every one of the commission members as well as the many folks who filled in when needed. We have done great work here. We will begin to compile the final report and it will be sent out at a later date, most likely in the new year. This report will be handed over with final recommendations to the new number, with hopes that there will be legislation introduced to codify a portion of the danger standards as mentioned last time. If anyone of the subcommittee chairs have anything that they would like to add to the final report, please notify Ethan or Ryan in my office to make sure that gets added. Before everyone leaves, I wanted to take this time to personally recognize all of the commission members. We have Governor citations for each of you and we can also mail them to those who have joined us virtually this afternoon. To the rest of you, thank you again and we hope that you are involved in this in some capacity with the next administration. Have a good night everyone.